

Health Department, City of Baltimore.

Permit No. 98603 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Bomberger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 2 Months, 18 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give Street and Number. } 2806 S. E. 36th Street

Cause of Death, { First (Primary), Other in Baltimore. } Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mar 15 1887

Undertaker, J. F. Fife & Son

Medical Attendant

Place of Business, 2nd St

Address, 1711 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Permit No. 98604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

March 13th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John. Frank

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 5 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, m

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 1743

Cause of Death, { First, (Primary.) }

Rheumatism

Second, (Immediate.)

Asthenia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 1889 Dr. W. Barkman M.D.,

Medical Attendant.

{ Undertaker, Fred Gaede }

{ Place of Business, 18 & Caroline Street, Address, 1918, E. Fayette St. }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98105 Office of Registrar of Vital Statistics.

Ward 17²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March 3, 1888~~March 3rd 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Patrick Barnings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, 10 Months, ✓ Days.Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Mother's name

Occupation, May. BampBirth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. 1834. Hull streetDuration of Residence in the City of Baltimore, Lip timePlace of Death, { Give Street and Number. } 1834. Hull streetCause of Death, { First (Primary), Mendhamon Creek Second (Immediate), Strangulation }Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy CrossDate of Burial, March 15th{ Undertaker, Daniel Flynn{ Place of Business, 42 E. West StreetE. W. Danvers M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 98606 Office of Registrar of Vital Statistics. Ward 11¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Daniel T. Ringold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years,

Months,

Days.

Color, Ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Servant

Bucks

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. }

444 Orchard St

Cause of Death, { First (Primary), Second (Immediate), }

obscure case, but death from natural causes, probably a form of Bright's dis-

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 17. 87

{ Undertaker, Alex Kennedy }

R. Winston

M. D.

Medical Attendant.

{ Place of Business, 5610 Orchard Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 98607

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Dec 1900Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Richard Hallcock*Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, 27 Years, Months, Days.

Color, *White*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*Occupation, *Painter*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Rochester, N.Y.*Duration of Residence in the City of Baltimore, *19 years*Place of Death, { Give street and number } *Baltimore 1353 N. Stricker St.*Cause of Death, { First, (Primary.) } *Lead Poisoning*

, { Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Cadmus Park*Date of Burial, *Dec 15*Undertaker, *Corbis Cook*Place of Business, *Baltimore St*Address, *Woolsey*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

See following certificate

[OVER.]

Health Department, City of Baltimore.

Permit No. 986117

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Percy Hollock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Type-setter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Rochester, N. Y.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } No. 386 N. Stricker street

Cause of Death, { First (Primary), Lead Poison. } { Second (Immediate), Lead Poison. }

Duration of Last Sickness, 1 month 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 15 1887

R. E. Jones

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook }

{ Place of Business, W. Ballo S. A. Address, Woodberry, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



Health Department, City of Baltimore.

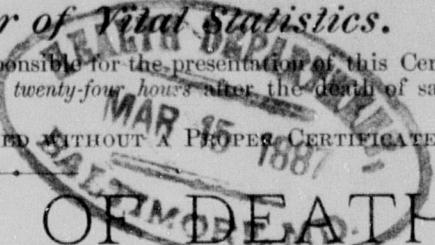
Permit No. 98608

Office of Registrar of Vital Statistics.

Ward 3¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Baldecar

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, — Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city — ✓

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 141 S. Central Av.

Cause of Death, { First (Primary), Inflammation
Second (Immediate), Convulsions }

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 15th 1887

{ Undertaker, Fred Gaede }

{ Place of Business, S. Carolina St. Address, 12 S. Cedar st }

G. O. Niemuth, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98609

Office of Registrar of Vital Statistics.

Ward 9 ¹¹/₉

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Cor
D

CERTIFICATE OF DEATH.

Date of Death,

Mar 15-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Isaac

Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto.

Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cor. Holliday & Saratoga.

Cause of Death, { First (Primary), Second (Immediate), }

Preservation

Birty

Athensia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom cemetery Trapp Road

Date of Burial,

D. Street

M. D.

Undertaker, H. Rosinsky

Medical Attendant.

Place of Business, 95 Harrison Street

Address, 403 N. Gates St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98610

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~one hour~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Brannick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } 68 Wayne St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis & Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1887

Undertaker, Herreid 2188

Place of Business, 404 Lawrence

Theodore C. C. M. D.

Medical Attendant, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

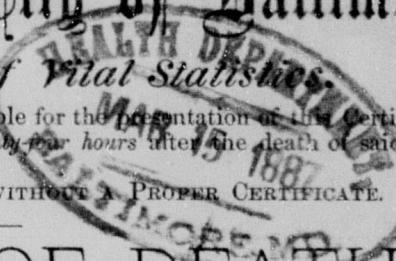
Permit No. 98611.

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Salesman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give Street and Number. } 402 N Ann Street

Cause of Death, { First (Primary), Malaria & Fever, Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th

Undertaker, George Shilling

Place of Business, 5th & Calvert Streets

Daniel Powell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]